PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number 09660241

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN	
FOR				Column 1)		umn 2)	TYPE		OR		
			NUND	ER FILED	NUMBER	EXTRA	RATE	FEE] /	RATE	FEE
BASIC FEE								345.00	OR		690.00
TC	OTAL CLAIMS		50	minus	20= + 3.9	5	X\$ 9=	3150	OR	X\$18=	630
	DEPENDENT CI		15	14 minus	3= +	= 10 11		地	OR	V70	78U :
MU	JLTIPLE DEPEN	NDENT	CLAIM P	RESENT	X29=	13-	1 1		100		
* If	f the difference	in coli	umn 1 is	less than ze	+130=	 	OR	+260=	200		
				AMENDED	TOTAL	1060	OR	TOTAL	2100		
	The second secon	(Coli	lumn 1)		(Column 2)	(Column 2) (Column 3)		ENTITY	OR	OTHER SMALL E	
IENT A		REM AF	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**	= .	X\$ 9=		OR	X\$18=	
AME	Independent	*	OF M	Minus	***	=	X39=		OR	X78=	
	rino i Fricoc	FIRST PRESENTATION OF M			PENDENT CLAIM		+130=	-	OR	+260=	
•							TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	become gament gain		umn 1) AIMS	To receive the latest to require the	(Column 2)	(Column 3)			•		
AMENDMENT B		REM/ AF	IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	.	Minus	**	= ·	X\$ 9=		OR	X\$18=	
AM	Independent	*	N OF MI	Minus	***	=	X39=		OR	X78=	
	FINOI FILL	NIAIIO	N OF IVIC	JLIIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
							TOTAL ADDIT. FEE			TOTAL	
			umn 1)		(Column 2)	(Column 3)	Аввіі, гаді			ADDIT. FEE L	
AMENDMENT C		CLA REMA AF	AIMS AINING TER IDMEN'T		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	<u> </u>		Minus	**	=	X\$ 9=		OR	X\$18=	
WE	Independent	*		Minus	***	=	X39=				
1	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEP	PENDENT CLAIM		V09=		OR	X78=	
* If	f the entry in colur	mn 1 is le	ss than th	e entry in colur	+130=	(OR	+260=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is a large.											

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET) BER: CA/CLUSYR

APPLICATION NUMBER:

FORM OPERAM (1) (Rev. 1297)

Total Fee Calculation

	$\mathcal{I} \mapsto C_{0}(t)$	Tital # Clare:	Number Erro	Fit	<u>.</u>	<u> Total</u>
	13.1.1:			Sa. Sang	L: Eamey	(17.2)
Bud File; For	<u> 2010/401</u>	_	_		693	
Tural Claims >23	<u>2014 11</u>	<u>\$5</u>	35		630 :	
Cadaparadas: Cialegos;	1111111	13 .; -	10 11		780	
Male Cop Claim Process	20201002				135	
Sunhuge	<u> 2007 (10) a</u>					
Eaglish Traslation	(1)					
TOTAL FEE CALCULA	71020					2230
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